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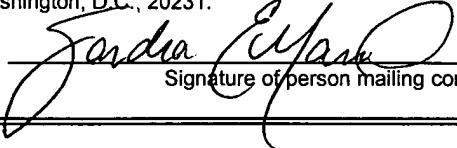
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	08589/002002
Applicant	DEREK VAN DER KOY, RODERICK MCINNES, BERNARD CHIASSON, VINCENZO TROPEPE
Title	PHARMACEUTICALS CONTAINING RETINAL STEM CELLS

PRIORITY INFORMATION:

This application is a divisional of and claims priority from United States patent application 08/937,967, filed September 25, 1997, and U.S. provisional application serial no. 60/026,698, filed September 25, 1996.

APPLICATION ELEMENTS:

Cover sheet	1 pages
Specification	29 pages
Claims	1 page
Abstract	1 page
Drawing	3 pages
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/937,967 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] pages

Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/937,967 and such small entity status is still proper and desired.	2 pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$380	\$380.00
Excess Claims Fee: 4 - 20 x \$9	\$0.00
Excess Independent Claims Fee: 1 - 3 = 0 x \$39	\$0.00
Multiple Dependent Claims Fee: \$130	\$130.00
Total Fees:	\$510.00
<input checked="" type="checkbox"/> Enclosed is a check for \$510.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
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Signature	<i>June 15, 1999</i> Date